gastrointestinal stomas). The most common was minor retraction. Highest risk were elective patients (56%), those with colostomies (60%) and end stomas (53%). The complication rate varied between hospitals (9–27%) and between surgeons.
Conclusions: Across the region, the early complication rate has fallen from 23.5% to 16%. The rapid presentation of these complications categorises them as surgical failures and reminds us that stoma formation requires meticulous technique.

USE OF NOVEL COLORECTAL ANASTOMOSIS LEAK TESTERS TO ASSESS THE INTEGRITY OF LEFT-SIDED COLORECTAL ANASTOMOSES

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Aims: Intraoperative testing of left sided colorectal anastomoses has been shown to be an effective measure to reduce the rate of postoperative anastomotic leaks. We aim to show our experience using novel Colorectal Anastomosis Leak Testers.
Methods: A prospective study was conducted on 19 consecutive patients having left-sided colorectal anastomoses. The Anastomosis Leak Tester-OP was used when the anastomosis was tested under atmospheric conditions (open). The Anastomosis Leak Tester-LP was used when the anastomosis was tested laparoscopically. The anastomoses were also tested using a methylene blue/manometer method. Outcome measures included intraoperative leak rates, clinical and radiological anastomotic leak rate.
Results: The Anastomosis Leak Tester-OP detected no leaks intraoperatively in 11 open cases. The Anastomosis Leak Tester-LP detected one leak in 8 cases where the anastomoses were tested laparoscopically. Overall, the Colorectal Anastomosis Leak Testers detected leaks in one of 19 patients (5%). The methylene blue/manometer method detected no intraoperative leaks in 19 patients. The postoperative leak rate was 10.5%[2].
Conclusions: The Colorectal Anastomosis Leak Testers appear to be promising tools for the intraoperative detection of anastomotic leaks. Defunctioning and the risks of a further procedure can be avoided in the majority of patients by routine intraoperative leak testing.

EVALUATION OF THE RESULTS OF LAPAROSCOPIC REPAIR OF VENTRAL AND INCISIONAL HERNIAS AT A DISTRICT GENERAL HOSPITAL

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Aim: Purpose of this study was to evaluate the feasibility, safety and outcome of laparoscopic reapir at a district general hospital (DGH).
Methods: Data of 45 patients who underwent laparoscopic repair of abdominal hernias, between September 2007 and December 2009 were reviewed. Patient demographics, BMI, detailed operative procedure including outcome was recorded in a proforma and analysed.
Results: Study included 42 (93%) incisional and 3 (7%) ventral hernias. 27 (60%) were female and 18 male with an age of 59* (29–86) and BMI of 32* (22–44). Incisional included 29 midline and 13 lateral hernias. Of the 45, 13 (29%) had single and 32 (71%) multiple defects with an overall size of 111* (8–400) cm^2. Operative time was 99* (50–240) minutes with a mesh size of 366*(100–887) cm^2. There were no intra-operative complications. One procedure was converted in a Crohn's patient due to dense adhesions. Inpatient stay was 2* (1–6) days and 24 (53%) had only an overnight stay. Follow up was 12*(3–26) months. Complications include 5 (11%) seromas and 2 (4%) wound infections. All were managed conservatively. 2(4%) patients recurred requiring open repairs.
Conclusion: Our early experience confirms that laparoscopic repair of abdominal hernias in a DGH is feasible and safe with promising results.

SHOULD MAGNESIUM LEVELS BE MEASURED PRE-OESOPHAGECTOMY?

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Cisplatin Chemotherapy is known to lower serum magnesium levels and hypomagnesemia predisposes to electrical instability and cardiac arrhythmias. A review of the last one hundred and nine (109) patients who underwent oesophagectomy at The Queen Elizabeth Hospital from the January 2007 to November 2009 was performed. The aim of the study was to determine whether we should be measuring magnesium levels pre-oesophagectomy. Sixty-nine percent (69%) of these patients received cisplatin based neo-adjuvant chemotherapy. The audit revealed that 7.34% of patients had magnesium levels measured in the month prior to surgery and of those 50% of the measurements were not requested by surgeons but, in fact by other specialities. 67.89% of patients were hypomagnesemic post-oesophagectomy and 33.94% of patients went on to have cardiac arrhythmias, the most common being atrial fibrillation. Of these 10.81% were secondary to a leak while the remaining 89.19% were not. 78.9% of patients received magnesium therapy. As of 16/09/2009 the measurement of magnesium levels during pre-operative screening was introduced. All patients with magnesium levels under 0.8mmol/L went on to have hypomagnesemia post-operatively, and required treatment with 3 out of 7 developing arrhythmias.

WHY ARE WE WAITING? A STUDY OF FACTORS CONTRIBUTING TO DELAYED TREATMENT OF OESOPHAGOGASTRIC CANCER

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Background: The impact of Cancer Tracking on compliance with 62 day treatment targets for oesophagogastric cancer has previously been audited. Despite a reduction in overall treatment times, a disappointing number of patients are waiting for prolonged periods.
Aims: To identify potential weaknesses in the cancer pathway contributing to delay.
Methods: Consecutive diagnoses of oesophago-gastric carcinoma treated between April 2005–May 2006 (group 1) and January 2007–September 2008 (group 2) were identified retrospectively. Study periods were chosen to allow comparison of the service before and after institution of a Cancer Tracking Service. Significant time points in the pathway were extracted by casenote review.
Results: Median time from referral to first treatment fell from 79 to 56 days ($p = 0.003$). 14 patients (19.2%) in group 1 and 9 in group 2 (9.4%) waited >100days to commence treatment. Cause of delay was multifactorial and affected all areas of the pathway.
Conclusions: The pathway can be seen to operate more efficiently in the later study group. A significant number of patients experienced excessive delay in receiving first treatment. Delays occurred at all stages of the treatment pathway. This audit demonstrates the need for a standardised pathway for the diagnosis and assessment of patients with oesophagogastric cancer.